

The Civilian Fitness Program

(AR 600-63 Health Promotion)

Note: Open enrollment is generally every six months (March and September). To enroll, interested participants must complete the enrollment packet and call to schedule a fitness assessment.

Points of Contact in the 104th ASG:

104th ASG:

104th ASG Health Promotion Coordinator

DSN: 322-9409; CIV: 06181-88-9509

Fax: 322-9261; CIV 06181-88-9261

E-mail: healthpromotions@104asg.army.mil

- OR -

221st BSB:

Tony Bass Fitness Center

DSN: 337-5541; CIV 0611-705-5541

414th BSB:

Fliegerhorst Fitness Center

DSN: 322-7672; CIV 06181-88-7672

Or Pioneer Fitness Center

DSN 322-8197; CIV 06181-88-8197

284th BSB:

Miller Hall Fitness Center

DSN: 343-7201/8206; CIV 0641-402-7201/8206

222nd BSB:

Health Promotion Coordinator

DSN: 485-7306; CIV 0678-36-7306

ENROLLMENT PACKET

Welcome to the Civilian Fitness Program! We appreciate your interest and hope to make the process of enrolling in the program as simple as possible. Please take a few minutes to acquaint yourself with the Enrollment Packet.

The Enrollment Packet is designed to complete all the steps necessary to enroll DA Civilians in the Civilian Fitness Program. It is important to note that you will not be enrolled in the program unless all paperwork is complete and you have received medical approval to start the program. When you are approved for the program you will receive an Enrollment Approval form.

Congratulations to taking the first step to getting fit and staying fit!

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POCs: 104th ASG Health Promotion Coordinators:

- 221st BSB, 414th BSB and 284th BSB) at DSN 322-9509 or CIV 06181-88-9509.
- 222nd BSB at DSN 485-7306 or CIV 0678-36-7306
- CHPPM-EUR Department of Health Promotion and Wellness at DSN 486-7099/8555 or CIV 06371-86-7099/8555.
- OR call the respective BSB Fitness Centers in your local area.

INITIAL FITNESS ASSESSMENT INSTRUCTIONS & CHECKLIST:

1. Set-up your CIV FIT Enrollment packet in a Manila folder in the following order: All documents are in a top to bottom order.

Written on the Label Side of the Folder (for Filing):

____LAST NAME, FIRST NAME printed in CAPS

____Fitness Assessment Date (example: 02 March 2003)

Stapled on Inside Right of Manila File Folder:

____Fitness Assessment Form

____Medical Considerations Form

____Medical Approval by Healthcare Provider (If applicable)

____Informed Consent with Release of Liability

____Supervisor /Employee Participation Form

Stapled on Outside of Manila File Folder:

____Initial Fitness Assessment Instructions & Checklist

2. Check off items on 'Initial Fitness Assessment Instructions & Checklist' as you complete them.

3. Call the POCs to schedule an appointment for your Fitness Assessment. (See Cover letter)

Your appointment is on (Date): _____ at (Time): _____.

Location: _____.

4. Arrive at Fitness Assessment 15 minutes early to complete enrollment. Be dressed for light exercise. Avoid use of caffeine or tobacco at least 2 hours prior to your appointment as these may cause your blood pressure and pulse to rise. Fitness Assessment could take up to one hour. Please plan accordingly.

I certify the documents identified above are complete and accurate to the best of my knowledge. I understand that I will not be enrolled into Civilian Fitness if the checklist above is not complete.

Participant's Signature _____ **Date:** _____ **Phone:** _____

Supervisor's Signature _____ **Date:** _____ **Phone:** _____

Bring the completed enrollment folder to your scheduled fitness assessment.

*****ALL FORMS MUST BE COMPLETED AND SIGNED*****

CIVILIAN FITNESS ASSESSMENT SHEET

Participant's Name: _____ Age: _____ DOB: _____ Unit _____
Participant's Phone: _____ Participant's Email _____
Supervisor's Name: _____ Supervisor's Email _____

*****Participants: Do not write below this line*****

Station 1: Sign-In & Registration

1. Date of Initial Assessment: _____ Date of Final assessment _____

Medical Considerations & Health History Review

1a. **Initial:** Resting Heart Rate (beats/min) _____ / B/P (mmHG): _____

APPROVED for Program / REFERRED to Healthcare Provider / SKIP Station 3
(Circle all that apply above. Highlight/ Circle B/P if B/P > 140/90 and Skip Station 3).

1b. **Final:** Resting Heart Rate (beats/min) _____ B/P (mmHG): _____

Station 2: Waist to Hip Ratio, Height & Weight /BMI

1a. **Initial:** Waist _____ in. Hip _____ in. Waist to Hip Ratio: _____ Health Risk 1 2 3
1b. **Final:** Waist _____ in. Hip _____ in. Waist to Hip Ratio: _____ Health Risk 1 2 3
Low (1) Medium (2) High (3)

2a. **Initial:** Height in _____ Weight _____ lbs. 2b. **Final:** Weight _____ lbs.
BMI (initial) _____ BMI (final) _____

Station 3: Cardio-respiratory Endurance

1a. **Initial:** 3-Minute Aerobic Step Test: _____ pulse (beats/min) Fitness Level: 1 2 3 4 5
1b. **Final:** 3-Minute Aerobic Step Test: _____ pulse (beats/min) Fitness Level: 1 2 3 4 5
Excellent(1) Good(2) Fair(3) Poor(4) Very Poor(5)

Alternate Activity:

2a. **Initial:** 1-Mile Walk: _____ time _____ pulse (beats/min) Fitness Level: 1 2 3
2b. **Final:** 1-Mile Walk: _____ time _____ pulse (beats/min) Fitness Level: 1 2 3
High(1) Moderate(2) Low(3)

Station 4: Flexibility

1a. **Initial:** Sit & Reach _____ in Flexibility Level: 1 2 3 4 5 6
2a. **Final:** Sit & Reach _____ in Flexibility Level: 1 2 3 4 5 6
Superior(1) Excellent(2) Good(3) Fair(4) Poor(5) Very Poor(6)

Station 5: Fitness Plan of Action

1. Review results of Fitness Assessment and discuss Fitness Plan.
2. Inform participants of optional activities to meet fitness goals and sign-up for activities.
3. Provide orientation (gym hours, machines, etc.)
4. Review paperwork for completion
5. Enter participants into database. Initial here when database is updated _____.
6. Initial here to show that HEAR is completed _____.

MEDICAL CONSIDERATIONS / HEALTH HISTORY FORM

1. Name: _____ Age: _____
2. Person to Contact in Case of Emergency: (Name) _____
(Relationship) _____ Phone Number: _____
3. Are you taking any medications or drugs? (please circle) YES NO
If yes, please list (including supplements) _____
Reasons for taking the drug? _____
4. Do you have, or have you had, any of the following: (please circle)
 - a. Any chronic illness or condition YES NO
 - b. Recent surgery (last 6 months) YES NO
 - c. Pregnancy (now or within last 3 months) YES NO
5. Do you currently use tobacco products? YES NO
If yes, what do you use? Cigarettes Chew Tobacco Cigar _____

Before engaging in a moderate physical conditioning program, certain medical or health issues need to be addressed. Occasionally, diseases are present which the individual is not aware of. This is often true in the beginning stages of cardiovascular (heart and blood vessel) disease — especially as an individual gets older. These undetected or “sub clinical” diseases may cause problems when a vigorous exercise program is begun.

Ask yourself these **10 key** questions to see if you should get a medical screening. This is not designed to detect unfit individuals, but to identify and treat potential medical problems related to starting a regular exercise program.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said you have heart trouble or high blood pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have chest pain while exercising or any other time? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you lose your balance or lose consciousness as a result of dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you become extremely short of breath with mild exercise/exertion? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you feel frequent skipped heartbeats? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you ever experience blurred vision while exercising? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you have a muscle/bone/joint problem aggravated by physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you over age 65 and not accustomed to vigorous exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Are you >20 lbs. over ideal body weight and not accustomed to exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? |

If you answered

YES to one or more questions

If you answered any of the above questions with a “YES”, you must get a health screening from your basic medical treatment facility before beginning the Civilian Fitness Program.

NO to all questions

If you answered accurately, you have reasonable assurance of your present suitability for a graduated exercise program – a gradual increase in proper exercise promotes good fitness development while minimizing discomfort.

Postpone program

Until after medical evaluation, and you receive approval from your physician for

- unrestricted physical activity, starting off easily and progressing gradually
- restricted or supervised activity to meet your specific needs, at least on an initial basis. Check in your community for special programs or services.

Participant's Signature _____ Date _____
Reviewed by _____ Date _____

MEDICAL APPROVAL BY HEALTH CARE PROVIDER

Patient name _____ Phone _____

(Print)

has medical approval to participate in the physical fitness component of the Civilian Fitness Program. I understand that the program includes mild to moderate intensity exercise, and may be conducted in unsupervised groups or individually. I also understand that participation is voluntary, allowing the participant to stop and rest at any time he or she desires.

Participants will be authorized to exercise at or near the fitness facility on their installation.

If the participant is restricted from performing certain exercises, please list restrictions and suitable exercises that may be substituted in the space provided below.

The following exercise restrictions and substitutions apply (if none, so state):

Health Care Provider's Signature _____ Date _____

Provider's Name/Stamp _____

Office telephone number _____ Email Address _____

INFORMED CONSENT with RELEASE OF LIABILITY

The undersigned hereby gives informed consent to engage in a series of health and medical evaluations including a Fitness Assessment. The purpose of this assessment is to determine my physical fitness and health status. The entire Fitness Assessment should take no more than one hour of my time. All records and results from this testing will be held in strict confidence unless my written consent is obtained. The assessment will include the following:

1. **Blood Pressures and Pulse.** A blood pressure cuff will determine **Blood Pressure**. Pulse will be determined by palpating the brachial artery in the wrist.
2. **Body Composition** will be determined by **Waist to Hip Ratio** which is composed of measuring the circumference of the hip and waist with a tape measure. **Body Mass Index** will be determined based on the Height and Weight of the participant.
3. **Cardio-respiratory Fitness** will be determined using a **3 Minute Step Test**. Cardio-respiratory fitness is defined as the ability of the heart and lungs to provide oxygen to the muscles. The Step Test involves measuring the heart rate in the recovery period following three minutes of stepping. The recovery heart rate becomes lower in individuals who exercise regularly, indicating a more efficient heart. Individuals with medical issues that contraindicate them from participating may elect to do the optional one-mile walk screening.
4. **The Sit and Reach Test** measures flexibility of the muscles in the back of the legs and trunk. Flexibility is defined as the range of possible movement in a joint or group of joints.
5. **Health Enrollment Assessment Review.** This is a health risk-screening tool that will be used to screen health risks. A computer analyzes the completed form and a Health Appraisal will be mailed to me at the address listed on the form.

There are numerous benefits to participation in the fitness program. I will have the opportunity to learn how to improve my diet, lose weight, manage stress, and how to exercise safely and effectively. Improving these health practices is thought to improve my overall health status and functional ability. I understand that the Civilian Fitness Program entitles me to exercise during duty time up to three hours a week for 6 months. I understand that if I choose to use Fitness Classes, Personal Trainers, Exercise Gear, etc. that the cost is my financial responsibility.

I realize that participation is voluntary and that I may withdraw from the Civilian Fitness program at any time at no prejudice to me. I am fully aware of the possible risks of personal injury, illness, and property damage loss associated with the activities in which I intend to participate, and acknowledge that I am assuming both the responsibility for safeguarding myself and my property as well as the risk of any injury, damage, or loss that may occur as a result of my participation. If further diagnostic or therapeutic care is needed, I understand that it is my financial responsibility.

In consideration for the permission given to me by the United States and the U.S. Army through its officers, agents and employees, I hereby release and forever discharge the United States and the U.S. Army, and all of its officers, agents, employees and volunteer staff, acting officially or otherwise, from any and all claims for personal injury, illness or death or for loss or damage to personal property which may occur as a consequence of my participation in this program as well as any activity incidental to my participation. I further agree that neither I nor my heirs, administrators, executors, and assignees will ever prosecute or in any way aid in prosecuting any demand, claim, or suit against the United States Government, the U.S. Army, and all if its officers, agents, employees and volunteer staff acting officially or otherwise for personal injury, death, or property loss or damage as a consequence of my participation in the program.

I have had my questions answered to my satisfaction about this program. I understand that if I have additional questions, I may contact the CHPPM-EUR Department of Health Promotion and Wellness at 486-7099/8555 or the local ASG/BSB Health Promotion Coordinator.

(Signature)

(Date)

(Witness)

(Date)

SUPERVISOR / EMPLOYEE AGREEMENT FORM

***Make a copy for your records and a copy for your supervisor. You are not enrolled until you receive the Civilian Fitness Enrollment Approval Form and give it to your supervisor.**

Name of Employee: _____
APO Address: _____
Work phone: _____ FAX Number: _____
Name of Supervisor: _____
Supervisor's Email: _____

AGREEMENT

1. We understand and agree that (employee name) _____ will be participating in the command-sponsored Civilian Fitness Program for 3 one-hour sessions each week for a total of 78 hours over a consecutive 6 month period beginning _____ (Civilian Fitness Fitness Assessment Date) and ending _____ (6 months after Fitness Assessment Date). We understand and agree that the specified exercise location will be the place of duty during authorized exercise periods, as follows: exercise periods will be on the following days of the week ____/____/____, at the following inclusive time _____ to _____, and at the following location _____.

2. We also understand and agree that:

(NOTE: The following are examples that may be individually amended or deleted according to the sponsoring Commander's guidance. This list is not necessarily all-inclusive).

---Exercise days, times, and/or locations may be periodically amended only with prior approval of the supervisor, and amendment of this agreement.

---Unused exercise hours may not be carried forward to subsequent weeks.

---The program end date will not be extended to make up for exercise periods missed because of leave, temporary duty, or other reasons.

---Exercise periods may be combined with only one of the following: morning break, afternoon break, lunch period.

---No additional duty time is automatically authorized, as part of this Program, for pre-exercise preparation (e.g., changing clothes) prior to exercise periods, or for personal hygiene or "cooling down" following exercise periods.

---Specified exercise periods may not be used for any non-duty purpose. Any period or portion thereof not used in actual fitness training and exercise will be spent in the normal duty workplace accomplishing normal duties.

---Exercise periods are official duty time. Failure to appear, inappropriate use of exercise time, or misconduct during these periods would be considered as workplace infractions occurring during normal duty hours, and would be subject to the same disciplinary actions.

--- Employee understands that if he/she chooses to use Fitness Classes, Personal Trainers, Exercise Gear, etc. that the cost is his/her financial responsibility.

3. As participant, I, the employee, will sign in and out from exercising at the gym or with my supervisor. I agree to file my goals and exercise routine in the file that will be kept by my supervisor. I understand that I must complete the final wellness assessment to complete the program. **My supervisor and I understand that I am not authorized to start the Civilian Fitness Program until I receive my Civilian Fitness Program Enrollment Approval Form stating that I have met all requirements to begin the program.**

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____